



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
001759829	SHAKEDOWN SPRAY LLC	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: EDWARD W PIELKA III

Business Name: MobileMap LLC

No. and Street: 19 Elizabeth Ann Dr RI 02919

House

City or Town: Johnston

State: RI

Zip: 02919

Country: USA

Contact Phone: 4016015317 ext:

Contact Email: epielka@mobilemap.llc